Junior Ranger Registration Form 2011

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Junior Ranger (1 per form)	Age		
Camp Sessions: Please indicate which camp session 1st Choice: 2nd Choice:	· ·		
MOM Parent(s)	DAD		
Address			
City	_ State Zip Code		
Home Phone Cel	I Phone		
Work Phone Wo	rk Phone		
EMAIL			
Will anyone else be responsible for emergencies or transportation to/from camp.			
Name Relationship	Phone		
Does the child listed above have any allergies, health concerns or disabilities? If so, how can we best meet your child's needs?			
NOTE: What method of contact is preferred: regular mail or email? Please mark that choice above with a highlighter pen.			
FOR PARK USE OI	NLY Sign-Up Taken By:		
Confirmed in Week #	Alternate in Week		
Confirmation letter was: EMAILED SNAIL MA	Today's Date ILED on DATE		